

PLACER COUNTY AGRICULTURAL COMMISSIONER
STRUCTURAL PEST CONTROL BUSINESS / QUALIFYING MANAGER REGISTRATION
BRANCH 2 & 3

Date Submitted: _____

For Year: _____

COMPANY INFORMATION:

Performing work in

☐ Branch 2 &/or

☐ Branch 3

Company Name: _____ Registration No. _____

Mailing address: _____

_____ Zip: _____

Telephone: () _____ Fax: () _____ Email: _____

Physical Address: _____
(if different than above)

_____ Zip: _____

OPR: _____ LIC: _____ Exp: _____ ☐ Branch 2 / ☐ Branch 3
(Print Name of Operator)

SUPERVISION: Qualifying Manager (QM) and Branch Supervisor (BS) (Responsible Person)

QM: _____ LIC: _____ Exp: _____ ☐ Branch 2 / ☐ Branch 3
(Print Name)

BS: _____ LIC: _____ Exp: _____ ☐ Branch 2 / ☐ Branch 3
(Print Name)

REGISTRATION INFORMATION / FEES: Submit completed registration form with a copy of the Structural Pest Control Board Registration, a current copy of the Qualifying Manager Operator Licenses, and the appropriate fees.

Total Fees Submitted: \$ _____ Make check payable to: Placer County Agriculture

Print Name: _____ Date _____

Signature: _____ Title _____

I certify that the information provided is TRUE and CORRECT

THIS REGISTRATION WILL NOT BE VALID IF IT NOT ACCOMPANIED BY THE REQUIRED FEE (if applicable)

Food and Agriculture Code section 15204(a) requires each licensed Branch 2 and Branch 3 structural pest control operator qualifying manager and (SPCB) registered company to register with the commissioner prior to operating a structural pest control business in the county. The registration shall cover a calendar year. A fee may also be required at the time of registration. The fee shall be set by the county Board of Supervisors, except that in no case shall the fee exceed the actual cost of processing the registration or ten dollars (\$10), whichever is less. Registrations may be amended to add or change operator qualifying manager and/or branch location(s) during the year for a fee not to exceed ten dollars(\$10).

County Use Only: Date Rec'd: _____ By: _____ (Initial) Receipt # _____ Check # _____ Cash _____ CC _____

Reg. Date: _____ Inspector: _____

PLACER COUNTY AGRICULTURAL COMMISSIONER
STRUCTURAL PEST CONTROL BUSINESS / QUALIFYING MANAGER REGISTRATION

BRANCH 2 & 3

ADDITIONAL LOCATIONS

Date Submitted: _____ For Year: _____

1) Branch Office (list all) performing work in: Performing work in PLACER COUNTY

Branch Address: _____ Registration No. _____

Zip: _____

Telephone: () _____ Fax: () _____ Working in ☐ Branch 2 &/or ☐ Branch 3

SUPERVISION: Qualifying Manager (QM) and Branch Supervisor (BS) (Responsible Person)

QM: _____ LIC: _____ Exp: _____ ☐ Branch 2 / ☐ Branch 3
(Print Name)

QM: _____ LIC: _____ Exp: _____ ☐ Branch 2 / ☐ Branch 3
(Print Name)

BS: _____ LIC: _____ Exp: _____ ☐ Branch 2 / ☐ Branch 3
(Print Name)

2) Branch Office (list all) performing work in: Performing work in PLACER COUNTY

Branch Address: _____ Registration No. _____

Zip: _____

Telephone: () _____ Fax: () _____ Working in ☐ Branch 2 &/or ☐ Branch 3

SUPERVISION: Qualifying Manager (QM) and Branch Supervisor (BS) (Responsible Person)

QM: _____ LIC: _____ Exp: _____ ☐ Branch 2 / ☐ Branch 3
(Print Name)

QM: _____ LIC: _____ Exp: _____ ☐ Branch 2 / ☐ Branch 3
(Print Name)

BS: _____ LIC: _____ Exp: _____ ☐ Branch 2 / ☐ Branch 3
(Print Name)

3) Branch Office (list all) performing work in: Performing work in PLACER COUNTY

Branch Address: _____ Registration No. _____

Zip: _____

Telephone: () _____ Fax: () _____ Working in ☐ Branch 2 &/or ☐ Branch 3

SUPERVISION: Qualifying Manager (QM) and Branch Supervisor (BS) (Responsible Person)

QM: _____ LIC: _____ Exp: _____ ☐ Branch 2 / ☐ Branch 3
(Print Name)

QM: _____ LIC: _____ Exp: _____ ☐ Branch 2 / ☐ Branch 3
(Print Name)

BS: _____ LIC: _____ Exp: _____ ☐ Branch 2 / ☐ Branch 3
(Print Name)